FILED JAN 13	3 1951	STANDARE) CERTIF	ICATE OF DE	ATH.	Stat		ŤOO.	
		REG. DIST. NO.	318	PRIMARY REG. DIST	. но. 10				30
1. PLACE OF DEA	ATH O			a. STATE		Vhere deceased ! b. CC	iived. If iner	١	admission).
OR		tURAL and give c. township) STA	LENGTH OF AY (in this place)	c. CITY (If outside so	orporate limits,	, write RURAL	and give town	mhip)	d'
d. FULL NAME OF	ADDRESS	ADDRESS (If rural, give location)							
3. NAME OF a. (First) b. (Middle)				c. (Last)	30 Baco		(**-n+h)	~~-\	,
(Type or Print)		Infant		White, 7	wm /	NOTE	_ `	_	(Year) 50
5. SEX 3 6.	. COLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVORO	MARRIED, CED (Specify)	8. DATE OF BIRTH	1050	9. AGE (In ye	ORTS OF UNDER	Days Ho	UNDER M HRS.
10a. USUAL OCCUPATIO	ON (Give kind of work		NESS OR IN- DUSTRY			ountry)		12. CITIZE	EN OF WHAT
	· · · · · · · · · · · · · · · · · ·	Itah MOTH	- UAADEN			DD074	0		
11		ļ			14. NAM	E OF HUSBAR	ID OR WIFE	Ε	
15. WAS DECEASED EVE	ER IN U.S. ARMED F	FORCES? 16. SOCIAL	L SECURITY		'S SIGNA	TURE OR I	NAME	AD	DRESS
(Yee, no, or unknown) (If	yes, give war or usion o			Magnolia Wr	oite		2530 B		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CC DIRECTLY LEAD!	ONDITION	AEDICAL C	ERTIFICATION EUROTUS	Ytic			INTERVAL	L BETWEEN '
*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	Morbid conditions,	e, if any, giving DUE TO ruse (a) stating use last.	.,		,,			-	
Page, injury, or complica- DUE TO (c)									
tion which causes state	Conditions contribu	nuting to the death but not	t eath.				1		
19a. DATE OF OPERA-	· 	_ 				,		20. AUTC	DPSY?
	1					. 1,	<u>n</u>	YES _	
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (rome, farm, factory, street, c	a.g., in or about office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)) (C	OUNTY)	(ST.	(ATE)
21d. TIME (Month) OF INJURY) (Day) (Year) (H	WHILEAT IT N		21f. HOW DID INJURY	/ OCCUR7		*	776	$\sqrt{\chi}$
	hat Lattended th	e deceased from L Cand that death	occurred at	1950, to D	ihe causes	19 Squand on the	that I last date states	saw the	deceased
BA. SIGNATURE	atten	work	egree or title)	236. ADDRESS	1342	4.E.Z.(Qui,	23c. DATI	E SIGNED
TION REMOVAL (Breaky)	3 12/28/	50 Book	7.4	Nashington	Cente	prille	Tup, I	\mathcal{I}'' \	(State)
DATE REC'D BY LOCAL	REGISTRAR'S SI	GNATURE	~	 -					
BEC 21 1300	1 20 10	(Licensed	Finhalmer's S	R.M.C. Gree	<u>m</u>		<u>3517 L</u>	<u>aclede</u>	Ave•
	BIRTH NO. I. PLACE OF DEA a. COUNTY b. CITY (If outside co OR TOWN St. I d. FULL NAME OF HOSPITAL OR INSTITUTION S 3. NAME OF DECEASED (Type or Print) 5. SEX 6. FOME 10 10a. USUAL OCCUPATIC done during most of works 13a. FATHER'S NAME Robert W17 15. WAS DECEASED EVE (Yes. no. or unknown) 18. CAUSE OF DEATH Enter only one causo per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t alive on DCC 22a. SIGNATURE 19a. SIGNATURE	1. PLACE OF DEATH a. COUNTY b. CITY (if outside corporate limits, write RI OR TOWN St. LOUIS d. FULL NAME OF (if not in hospital or in HOSPITAL OR INSTITUTION St. MAY'S I. 3. NAME OF DECEASED (Type or Print) BROY 5. SEX 6. COLOR OR RACE FOMA 16 COL 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. FATHER'S NAME Rehert WITTIAMS 15. WAS DECEASED EVER IN U.S. ARMED F (Yes. no. or unknown) (If yes. give war or dates of the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT (Specily) (The United States of Conditions contributed to the disease of Conditions contributed to the	BIRTH MO. 9422. PREG. DIST. NO. 1 I. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR township) G. TOWN St. LOUIS d. FULL NAME OF (If not in hospital or institution, give street addr. HOSPITAL OR INSTITUTION St. Marys Infirmary 3. NAME OF a. (First) b. (MIC (Type or Print) BEBOY 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER WIDOWED, DIVORE GOALD (If you are an institution) in the mode during most of working life, even if retired) 10a. USUAL OCCUPATION (Clive kind of work done during most of working life, even if retired) 13a. FATHER'S NAME ROBERT WITTEMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Id. SOCIAL (Yes. D. or unknown) (If yes. give war or dates of service) 18. CAUSE OF DEATH Enter only one oausoper line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. Morbid conditions, if any, gisting DUE TO rise to the above cause (a) stating the underlying cause last. Morbid conditions, if any, gisting DUE TO rise to the doore cause (a) stating the underlying cause last. Morbid conditions, if any, gisting DUE TO rise to the doore cause (a) stating the underlying cause last. DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de the HOMICIDE (Booms, farm, factory, street, on the mode of the doore cause or condition causing de the doore cause (a) stating the underlying cause death. 21a. ACCIDENT (Bpecily) 21b. 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MAME OF CEMETER	BIRTH NO. 94827_(50 REG. DIST. NO. 318 PRIMARY REG. DIST. I. PLACE OF DEATH a. COUNTY D. CITY (If outside corporate limits, write RURAL and give to the share of location) TOWN St. LOUIS d. FULL NAME OF (If so in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. MARY S. Infirmary 3. NAME OF a. (Pirst) DECEASED (Type or Print) Bibby 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (apoetly) Dec. 19th. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13c. FATHER'S NAME 13c. FATHER'S NAME 13d. MOTHER'S MAIDEN NAME 13d. MOTHER'S	BIRTH NO. 94827-150 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 11 I. PLACE OF DEATH a. COUNTY b. CITY (II outside corporate limits, write RURAL and sire township) C. CITY (II outside corporate limits, write RURAL and sire township) d. FULL NAME OF (II sot in hospital or institution, sire street address or location) H. 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CITY (If outded corporate limits, write RURAL and give township) G. FILL INME OF (If not in hospital or insultations, give stope of the County) J. NAME OF (If not in hospital or insultations, give stope of the County) J. NAME OF (If not in hospital or insultations, give stope of the County) J. NAME OF (If not in hospital or insultations, give stope of the County) J. NAME OF (If not in hospital or insultations) J. NAME OF (If not in hospital or insultations) J. NAME OF (If not in hospital or insultations) J. NAME OF (If not in hospital or insultations) J. NAME OF (If not in hospital or insultations) J. NAME OF (If not insu	SIRTH NO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

Licensed Embalmer No..... Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.